

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Precious Moment Adult Residential Care Home	<b>CHAPTER 100.1</b>
<b>Address:</b> 4229 Keaka Drive, Honolulu, Hawaii 96818	<b>Inspection Date:</b> October 13, 20 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DOH-OLCA  
STATE LICENSING

21 MAR -9 P3:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b> Substitute care giver (SCG) #1, no evidence available for the current physical examination.</p> <p>STATE OF HAWAII DOH- OHCA STATE LICENSING</p> <p>21 MAR -9 3:35 PM</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- SCG contacted provider <u>DR. Maria Villa</u> For annual P.E. completed on 12/19/2020</p>	<p>3/8/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b> Substitute care giver (SCG) #1, no evidence available for the current physical examination.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG give the right physical examination form to each SCG with a note to return in a such a date</p> <p>= make a separate file folder in my file cabinet for the SCG P.E.</p> <p>= To check I will read the title of the form out loud when I give it to SCG.</p>	3/8/21

STATE OF HAWAII  
DOH-ONCA  
STATE LICENSING

21 MAR-9 PM 3:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 and #2, no documentation available for the primary care giver (PCG) training to make medication available.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>MAR-9 6-9 21</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 + SCG #2 training to make medication available was completed on 10/13/20</p>	<p>3/8/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCG #1 and #2, no documentation available for the primary care giver (PCG) training to make medication available.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING 21 MAR-9 P3:35</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG going to schedule substitute training SCG to sign training form after training completed. PCG each substitute have a training before they have contact to the resident. After the training, after the SCG signed the form I will sign the form Before I will file the form I will check pers. before it's completed by reaching out to the names of the SCG</p>	<p>3/8/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b>FINDINGS</b> First aid kit, is not maintained. The kit contains over-the-counter medication "Tylenol" and "Bacitracin Ointment."</p> <p>21 NOV-9 P3:35 STATE OF HAWAII DOH- OHCA STATE LICENSING</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Tylenol + Bacitracin Ointment removed from the first aid kit expired -- med were disposed of per facility protocol. 10/13/20</p>	<p>7/8/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b><u>FINDINGS</u></b> First aid kit, is not maintained. The kit contains over-the-counter medication "Tylenol" and "Bacitracin Ointment."</p>	<p>PART 21 MAR -9 P3:35</p> <p><b><u>FUTURE PLAN</u></b></p> <p>STATE OF HAWAII DOH - OHCA STATE LICENSING</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>First Aid Kit checklist will be used to check/maintain First Aid kit, every month will be used to keep track of track</p> <p>PCG/SCG has to check or maintain first aid kit monthly.</p> <p>and I will include check list for first Aid kit in the Primary care Training.</p>	3/8/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (c)            Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented</p> <p><b>FINDINGS</b>            No evidence of documentation for substitutions. PCG uses a "wipe board" and then erases the substitution.</p> <p>STATE OF HAWAII            DOH-QHCA            STATE LICENSING</p> <p>21 MAR -9 P3:35</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG Substitute menu in a paper was corrected            10/13/21</p>	<p>3/8/21</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e)  Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented</p> <p><b><u>FINDINGS</u></b>  No evidence of documentation for substitutions. PCG uses a "wipe board " and then erases the substitution.</p> <div style="text-align: right; margin-top: 200px;"> STATE OF HAWAII  DOH-DHCA  STATE LICENSING    21 MAR-9 3:35 </div>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG provide Substitute menu in a paper and put it to the place that can be seen right away -</p>	<p>3/8/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1, special diets ordered; however, PCG and case manager (CM) report resident has a regular diet order; however, the following diet orders are in the record:</p> <ol style="list-style-type: none"> <li>1. "Regular Diet, Soft Chopped Texture" on 2/17/20</li> <li>2. "Pureed Diet, Nectar Thick Liquid" on 2/19/20</li> </ol> <p>This is a recurring deficiency (2019.)</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">21 MAR-9 P3:35</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Called DR. Jessica Barry to correct the night diet: was corrected 11/16/20</i></p> <p><i>At the Telehealth meeting ordered diet Chopped Soft Diet</i></p>	<p style="text-align: center;">3/8/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b>FINDINGS</b> Resident #1, special diets ordered; however, PCG and case manager (CM) report resident has a regular diet order; however, the following diet orders are in the record:</p> <ol style="list-style-type: none"> <li>1. "Regular Diet, Soft Chopped Texture" on 2/17/20</li> <li>2. "Pureed Diet, Nectar Thick Liquid" on 2/19/20</li> </ol> <p>This is a recurring deficiency (2019.)</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 MAR-9 3:35</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will ask doctor for clarification 3/8/21 to go verbal order for one diet</p> <p>PCG look for signed diet order, if more than one signed order that do not match.</p> <p>I will check the order as I do with my primary care assessment</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Unsecured pharmacy labeled medications in refrigerator.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;">21 MAR-9 P3:35</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Refrigerated labeled medications            was already locked in locked            container            Corrected <u>10/13/20</u></p>	<p style="text-align: center;">3/8/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u>            Unsecured pharmacy labeled medications in refrigerator.</p> <p>STATE OF HAWAII            DOH-OHCA            STATE LICENSING</p> <p>21 MAR-9 P 3:35</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG buy a container that can locked on it.</p> <p>PCG will tell SCG that how to use the lock box for refrigeration medication</p> <p>PCG will check refrigerator daily if medication is present, if so is it locked</p>	<p>3/8/21</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b> Resident #1, Primary care giver (PCG) assessment on readmission (4/17/20) inaccurate as follows:</p> <ol style="list-style-type: none"> <li>1. Diet, listed as "<u>Regular</u>"; however, order reads, "Regular Diet, Soft Chopped Texture."</li> <li>2. No evidence of understanding orders for home physical therapy and occupational therapy.</li> </ol> <p>This is a recurring deficiency (2019.)</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

**DEC 28 2020**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b> Resident #1, Primary care giver (PCG) assessment on readmission (4/17/20) inaccurate as follows:</p> <ol style="list-style-type: none"> <li>1. Diet, listed as "<u>Regular</u>"; however, order reads, "Regular Diet, Soft Chopped Texture."</li> <li>2. No evidence of understanding orders for home physical therapy and occupational therapy.</li> </ol> <p>This is a recurring deficiency (2019.)</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>21 MAR-9 P335</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Admission/Readmission assessments will be reviewed immediately upon admission/readmission (checklist) will be used to verify that all assessments/documents and orders are accurate</i></p> <p><i>on the same day of admission going to review if it's match with the discharge order if it doesn't match correct the assessment by doing draw a line with out name and signed.</i></p>	<p>3/8/21</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b> Tampering of medication orders, diet orders and physical examination (PE) dated <u>2/17/20</u> reported as follows:</p> <ol style="list-style-type: none"> <li>1. PE and hospital discharge orders were signed by a provider not on staff at the discharging hospital</li> <li>2. When questioned, CM states the CM prepared and dated these forms; however the provider signed the orders on <u>2/19/20</u> after <u>2/17/20</u>.</li> </ol>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (g)  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b>FINDINGS</b>  Tampering of medication orders, diet orders and physical examination (PE) dated <u>2/17/20</u> reported as follows:</p> <ol style="list-style-type: none"> <li>1. PE and hospital discharge orders were signed by a provider not on staff at the discharging hospital</li> <li>2. When questioned, CM states the CM prepared and dated these forms; however, the provider signed the orders on <u>2/19/20</u> after <u>2/17/20</u>.</li> </ol> <p style="text-align: right;">21 MAR -9 P3:35  STATE OF HAWAII  DOH-0HCA  STATE LICENSING</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG look for discharge physical  Xamination + discharge orders  Signed by discharging physician.</p> <p>IF no discharging papers comes  directly from the hospital  I will call the responsible  or the discharging APRN or  physician to provide documents  for discharge -</p> <p>If documents don't have signed order  ask for verbal order + have  dated + signed the next appointment.</p>	<p style="text-align: right;">3/8/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b>FINDINGS</b> Resident #1, no evidence of a case manager (CM) care plan update to address physician's order to change diet 2/19/20.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>21 MAR-9 P3:35</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>RCM Called PCP to get the correct or update physician's order for her diet - corrected 11/4/20</p> <p>Informed the CM that there is a new diet order and she updated the care plan to show the new diet order on 11/4/20.</p>	3/8/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b>FINDINGS</b> Resident #1, no evidence of a case manager (CM) care plan update to address physician's order to change diet 2/19/20.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>21 MAR-9 P335</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IF the orders change let the CM to change care plan in a timely basis</p> <ul style="list-style-type: none"> <li>- update and let CM to change the care plans</li> <li>- make a list of any changes of any residents condition or doctors orders during the month</li> <li>- a week before she comes I will put her the list.</li> </ul>	3/8/21

SI 10-2-15

10-2-15

10-2-15

Licensee's/Administrator's Signature: Eptan

Print Name: Eva Andres

Date: 3/8/21

21 MAR-9 P3:35  
STATE OF HAWAII  
OOH-OHCA  
STATE LICENSING

151 410-0 63-02

211 111

211 111